

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	299	8-13
TYPIST	299	9-24
VERIFIER	1	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	1	10	10	Date
Final	✓	✓	✓	
Original	✓	✓	✓	
	96	97	98	
	02	03		
1	X	X	X	
2	X	X	X	
3	X	X	X	
4	X	X	X	
5	X	X	X	
6	X	X	X	
7	X	X	X	
8	X	X	X	
9	✓	✓	✓	
10	✓	✓	✓	
11	✓	✓	✓	
12	✓	✓	✓	
13	✓	✓	✓	
14	✓	✓	✓	
15	✓	✓	✓	
16	✓	✓	✓	
17	✓	✓	✓	
18	✓	✓	✓	
19	✓	✓	✓	
20	✓	✓	✓	
21	✓	✓	✓	
22	✓	✓	✓	
23	✓	✓	✓	
24	✓	✓	✓	
25	✓	✓	✓	
26	✓	✓	✓	
27	✓	✓	✓	
28	✓	✓	✓	
29	✓	✓	✓	
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

SYMBOLS

✓	Rejected
=	Allowed
-	(through number) Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

BEST AVAILABLE COPY